NCHIMA
North Carolina Health Information Management Association

March 25, 2011

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Subject: RFC #201101-01

To Whom it may concern:

I would like to take a moment to introduce myself and the organization that I am representing in regards to the comments on North Carolina's HIE. I am currently the President-Elect of the North Carolina Health Information Management Association, a state component of the American Health Information Association (AHIMA), which mission is to lead the advancement and ethical use of quality health information to promote health and wellness worldwide. AHIMA recognizes that quality health and clinical data are critical resources needed for efficacious healthcare and works to assure that the health information used in care, research and health management is valid, accurate, complete, trustworthy and timely.

AHIMA's primary concern is the effective management of health information from all sources and its application in all forms of healthcare and wellness preservation. Health issues, disease, and care quality transcend national borders. AHIMA's professional interest is in the application of best health information practices wherever they are needed. For this reason, NCHIMA has a great interest in the NC HIE and would like to take this opportunity to comment on the RFC. As noted in the RFC document, questions were listed for consideration. I have noted the questions below, followed by comments:

- **If you anticipate exchanging data with NC HIE's statewide services, how would you expect to request information? Additionally, how would you present information you received from statewide HIE services to your users?**
    - Once the patient consents to having his/her information shared in the HIE, request should be similar to those of a query type process, where patient demographics are indexed so that name, DOB, etc., could be entered as a search. Data should only appear when the requesting provider has treated the patient and/or is the referring physician.
    - Information should be presented in summary and/or final result format.

- **Among the Statewide HIE requirements currently being considered by the NC HIE Clinical and Technical Operations Work Group, are there any modifications, additions you would suggest?**
    - AHIMA and NCHIMA's recommendations include:
        1. **Develop standards for acceptable data quality that will be required by all participants along with how quality will be measured.** Rules must be established that address data definition, timeliness, accuracy, relevancy, reliability, accessibility, specificity, precision, currency, and comprehensiveness. Standards for data content will ensure data integrity and quality is maintained.

2. **Determine how patient records will be linked.** What patient identity data will be defined and used to connect records across the various participating organizations? How will the HIE resolve duplicates that originate within one participating organization? Also, standards addressing duplicate records will need to be determined and measured to ensure participating organizations are held to those standards.
3. **Clearly define data ownership and data stewardship.** Policies for data access, use and control need to be created. The HIE must determine the "gold" standard for each data source and agree who owns the data, including duplicate record tables and data transaction logs. The HIE must define the data they "own" and their information stewardship responsibilities such as:
    a. How can information be deleted from the HIE
    b. How long will it be stored in the HIE database
    c. What happens to the patient information if the HIE closes
    d. Who maintains disclosure logs
4. **Determine the patient's role in accessing and/or updating data stored by the HIE.** Education to the patients on the HIE will need to be provided in a clear, concise, and easily understandable method. Also, the HIE needs to determine who notifies a patient if there is a breach of privacy. Also, will the patient have a role in ensuring the accurate identification of their records and the clinical accuracy contained therein?
5. **Develop privacy and security policies.** Methods for accessing the HIE system, authorizing, authenticating users, and auditing access will need to be clearly defined, along with assigning responsibility of these duties.
6. **NCHIMA does not recommend sharing claims data.** It is typically found that data included on claims (diagnoses, ICD-9/CPT codes) is not always accurate and/or consistent among the provider level. Organizations should rely on continuity of care documents and or clinical summaries to abstract data.

Thank you for your time and consideration of the above comments. NCHIMA, along with AHIMA strives to maintain data integrity, access, control and security of all patient information that will can be shared in a consistent, clear format to promote the continuity of care for all providers. NCHIMA would greatly appreciate the opportunity to lend our expertise in building the most robust of HIE systems for our state. We will gladly provide any additional information or input at your request. Thanks again and we appreciate the opportunity to comment.

Sincerely,

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